

# Registration Form

Please **PRINT** all information. Make photocopies if additional forms are needed. Incomplete forms will not be processed.

## Participant(s) Information

**LAST** Name only:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_ Day Phone: (      ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Name of Medical Provider (if applicable)

Present Physician/Location (if applicable)

Known Medical Conditions/Allergies:

If you would like to receive email information on upcoming Recreation Programs and Activity Guide deliveries, please provide us your email address: \_\_\_\_\_

**Does the participant(s) require any special accommodations to participate in these activities?**

☐ **YES** ☐ **NO** If yes, a Recreation Services staff person will contact you.

Participant's Name		Birthdate	Sex	Activity Code Numbers			Program Fee
First and Last Names	All Participants			1st Choice	2nd Choice	3rd Choice	

Would you like to make a donation to the R.A.P. Program? (Recreation Assistance Program for fee assistance)

I authorize the use of my:      MasterCard      Visa	<b>Sub-total of Fees:</b>	<b>\$</b>
Name as it appears on card:	Applicable Credit/Discount:	<b>\$</b>
Card #:	<b>Total Fees Enclosed:</b>	<b>\$</b>
Expiration Date: Month      Year	Please make check for first choice Class(es). Make checks payable to "City of Milpitas." Send to: <b>Class Registration, 457 E. Calaveras Blvd., Milpitas, CA 95035</b>	
Signature:      Date:		

**DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND**

I, \_\_\_\_\_ declare that I am the parent/legal guardian of \_\_\_\_\_.  
 I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also grant full permission to the City of Milpitas to use the name and any photographs, videographs, motion pictures or recordings of the individuals named herein for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. I have read, understand and agree to all of the policies of Milpitas Parks and Recreation Services' in regards to Refund/Cancellations, Transfers, Late Pick-Ups, Camp and Workshop Refunds/Transfers, Code of Conduct and Discipline Plan, and Class Cancellations and Wait Lists listed in the current Activity Guide, on the website and/or on the back of this form. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE ON BEHALF OF MYSELF AND THE INDIVIDUALS NAMED HEREIN.**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name(s): \_\_\_\_\_ ☐ Participant ☐ Parent ☐ Legal Guardian

<b>OFFICE USE ONLY</b>	Date Rec'd	# of Checks	Credit \$	Returned Check(s)	Revised
Staff	Reg. #	Resident	Non-Resident	Rct.#	3/08